

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589069

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5	1					
6		1				
7		1				
8		3				
9		3				
10	1					
11		1				
12	1					
13	1					
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29		1				
30	1					
31		1				
32		2				
33		2				
34		2				
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36		2				
37		2				
38		2				
39	1					
40		1				
41	1					
42		1				
43	1					
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45	1					
46	1					
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49						
50						
TOTAL IND.	22	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	59					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						